# DOC as an Integral Part of the Community Medicine Curriculum

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ABSTRACT

*Involving family practice residents in community medicine experiences can be a challenging task, and various programs have approached this curricular problem in different ways. The Cedar Rapids program has integrated the activities of the local Doctors Ought to Care (DOC) chapter into the residency with the goal of exposing residents to the concepts of community health education. DOC, a national organization interested in community health promotion and education, takes a lively approach to information sharing using image-based techniques.*

The inclusion of community medicine education in the family practice residency curriculum is required by the "Essentials of Accredited Residencies" (Special Requirements for Family Practice), and strongly recommended by the Residency Assistance Program (RAP).[1,2] Both suggest instruction in: (1) occupational medicine, (2) health resource agencies, (3) epidemiology of disease, (4) school health, (5) sports medicine, (6) community health education, and (7) public health services. Preventive medicine, as a cornerstone of modern family practice, is involved in each of these seven areas.

It is a challenge to provide a structured experience in all of these areas. Werblun et al[3] offered an experiential curriculum, including a required community health project, ongoing individual faculty advice, and a series of didactic lectures and seminars. Donsky and Massad[4] also offered an outline of curricular content and, based on a small survey, raised the concern that residency programs have not addressed the key issues of evaluating and/or meeting community health care needs.

It appears from the literature that selected residencies have excelled in one or more of the seven areas proposed by the essentials and RAP. Examples include work with community lead poisoning in Rochester and Cleveland,[5,6] work with cross-cultural problems in San Diego,[7] work with occupational and environmental health in Tuscon and Charleston,[8,9] and work with sports medicine in Lancaster and East Lansing.[10,11] Richards has provided an outline for medical student and resident school-based health promotion;[12] however nothing to date has appeared in the family practice literature describing specific mechanisms for involving residents in community health education. The purpose of this paper is to describe the experience of one residency with this latter component of community medicine.

## Background

The Cedar Rapids Family Practice Residency has existed since 1971 and currently has 26 residents, six MDs, and one and one-half full-time-equivalent behavioral science faculty. The residency is independent of university affiliation and is the only residency in the community of 100,000, served by two hospitals with approximately 800 beds.

The residency curriculum includes full one-month block rotations titled "family medicine." First-year residents have one month per year and second- and third-year residents have two months per year. During this block rotation, the resident devotes time to four basic activities: seeing ambulatory patients in the model office, attending hospitalized patients of the model practice, working with behavioral science faculty, and working independently, or with faculty, on such topics as practice management, geriatrics, preventive medicine, family practice research, patient education, and community medicine. The role and activities of Doctors Ought to Care (DOC) are introduced to first-year residents during this latter segment of the block rotation. Second- and third-year residents are longitudinally involved in DOC experiences as described later.

## History

Doctors Ought To Care was founded in Miami in 1977 by Dr. Alan Blum. He and fellow family practice residents were interested in promoting healthy

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lifestyles and in speaking out against harmful health habits. They developed a lively campaign and were the first physician-led group to purchase advertising space with which to counteract the images created by the makers of cigarettes, alcohol, and other adverse products. (Image-based advertising is one successful method for stimulating change in behavior.)[13-15] DOC was incorporated as a nonprofit organization with the following objectives: (1) To educate the public, especially children and teenagers, about the major causes of preventable disease. (2) To increase dialogue within the medical community on cigarette smoking and other preventable causes of poor health and high medical costs. (3) To train and motivate physicians as effective health promoters.

As knowledge and understanding about DOC spread,[16-21] local chapters steadily developed across the country, and now exist in 25 states. These are based in medical schools, family practice residencies, and private practices.

To date, DOC activities have been financially supported by private donations and small grants. Recent reorganization of its board of directors has set the stage for national DOC to continue its work through the 1980s.

### Cedar Rapids DOC

The Cedar Rapids DOC program was organized in the fall of 1979 following a thought-provoking presentation by Dr. Blum to faculty and residents. Initial meetings and planning were independent of formal residency activities.

In the tradition of national DOC, the Cedar Rapids group decided to concentrate on developing colorful, humorous, image-based slide presentations for potential use with junior and senior high school students. A hospital agreed to absorb the expense of slide production and the "DOC talks" were first presented for critique at resident conferences. The principal and health teachers of a nearby junior high school were asked to screen the initial presentations, and, after critique and appropriate changes, the talks were presented to students on a trial basis. Initial topics were smoking, alcohol abuse, drug abuse, venereal disease, and sexuality. The talks stressed the importance of peer pressure, advertising, lifestyles, and thinking for oneself. Audience participation, questions, and suggestions for health promotion ideas were requested.

The organizing group of six to eight residents and one faculty advisor received positive feedback from both teachers and students. Gradually the interest and assistance of other residents was obtained. (Often an inexperienced resident was invited to attend a presentation as an observer, then help answer questions at the end.) The number of prepared presentations grew to 14 as new residents assumed the challenge of preparing or updating DOC talks. In the first full academic year (1980-81), 30 talks were presented to a total of 1,500 students, and in 1982-83, 73 presentations were made to over 5,000 children and adults. The residency director and the entire hospital medical staff have been very supportive. Resident DOC talks serve as good public relations not only for the residency, but also for all community physicians.

As a culmination to the first full year of activity, the residents staged a city-wide "Family Fun Run." This included both five- and ten-kilometer runs and offered prizes in unusual categories such as youngest finisher, oldest finisher, fastest mother/child, father/child, and most members of one family. The initial run had 148 participants from ages 7 to 50. It has now become an annual community health event, cosponsored by the dairy industry. Modest profits from the run are used to fund community health education activities, such as an annual elementary school poster contest. This project, after careful ground work with the Cedar Rapids public school system, was initiated in the fifth and sixth grades of three schools. Up to that point no billboards or prohealth advertising had occurred. A "Good Health Habits" presentation was made to the students by DOC speakers, after which they were encouraged, through their art teachers, to develop "good health" posters. These were divided into five categories, judged by a panel of community leaders, and certificates, ribbons, and tee shirts presented to the winners, as well as buttons to all participants. Winning posters were displayed in neighborhood store windows, and an enlargement of the grand prize winner was placed on an advertising billboard.

The initial contest, involving 450 students, was well-received, and the event has now also become an annual DOC-sponsored activity. The second year involved 1,300 students in nine schools and the third year 1,500 students in ten schools. In the last two years, the winning poster from each school was displayed on a billboard in the community, and other winning posters were reproduced as bumper stickers and buttons with statewide distribution. The contest has now grown to the point that fundraising activities are required to meet a budget of $4,000 to $5,000 per year. Over 20 community businesses and industries have contributed to the fund, largely due to resident physician personal requests. In additon, the county medical society and hospital auxiliaries have contributed.

### DOC as a Part of the Curriculum

As previously stated, DOC activities began voluntarily, with meetings and presentations scheduled around other routine residency responsibilities so as not to interfere. Residents, however, were encouraged to attend meetings and consider attending a DOC talk, especially while on the family medicine block rotation. Initially, some residents tended toward overinvolvement, which led to faculty/resident guidelines on how to fit DOC talks into the family medicine rotation. It was further suggested that no more than one talk per month be given when on other rotations, and then only with the preceptor's permission.

By 1982, though no requirements for DOC had been set, nearly 80% of all residents were voluntarily involved. At this point, faculty and residents decided it would be best to develop written guidelines for a

required minimum, and suggested maximum, amount of time devoted to DOC community medicine activities. Through these guidelines, all residents have clear knowledge of faculty expectations. The overall goal of the residency DOC program is to expose the residents to the concept of commuinity health education. The educational objective is to develop resident physicians who are capable of speaking publicly on health promotion topics. A second community service objective is to offer the community modern education about preventive medicine.

Currently, first-year residents attend a one-hour overview presentation about DOC in July, then spend two hours with DOC work during the family medicine rotation. Second-year residents spend a minimum of three two-hour sessions, and third-year residents two two-hour sessions with DOC activities when on the family medicine block rotation.

A variety of activities are available during these time periods. Second- and third-year residents typically self-select one or more areas to focus on. For example, one resident may take on the job of updating a current talk, while another may be very involved in one of the annual projects. It is made clear that work beyond the family medicine rotation is voluntary. In fact, guidelines are provided for maximum time commitment to DOC when on other monthly rotations.

While more formal evaluation of this curriculum component is needed, the faculty feels it is meeting its above stated goal. Feedback from the school system and community leaders has been favorable. Understandably, residents' time and involvement with DOC rises and falls, depending on multiple other interests and stresses. However, the resident group has sustained enthusiasm for over four years and their informal feedback on the DOC program has been positive. Formal resident evaluation data is needed to confirm this positive impression.

## Conclusions

The activity of a DOC chapter as a component of the residency community medicine experience has several positive features:

1. This is an innovative method of getting resident physicians into the school room and the adult community. Attention-catching, thought-provoking slides and a nonjudgmental philosophy contribute to maintaining audience attention, influencing behavior, and imparting knowledge.
2. The program has proven viable over a four-year span and has matured into a fixed segment of the curriculum. Costs to the program have been minimal and benefits have accrued to both the residency and the entire medical community.
3. The skills of public speaking and effective motivational leadership learned during residency are directly transferable after graduation. Many program graduates are regularly giving DOC talks in their new communities.
4. The program developed is replicative in other residencies. Stemming from discussions at the Iowa Residents Council, other state residency programs are developing DOC activities with similar themes. The Cedar Rapids slide presentations with scripts are available for loan or purchase.
5. The DOC program has been a stimulus for research. Through the combined efforts of current and graduated residents, a prospective study has documented manuscript in preparation that DOC talks can have a positive influence on the knowledge and behavior of seventh graders in a rural Iowa community.

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